2010 SEP 14 PM 3: 44

## New House Independent Expenditure Committee

September 10, 2010

Federal Election Commission 999 E Street, NW Washington, DC 20463

Re: Form 1, Statement of Organization - Unlimited Contributions

To Whom It May Concern:

New House Independent Expenditure Committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in *SpeechNow v. FEC*, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

reasurer

## RECEIVED FEC MAIL CENTER

2010 SEP 14 PM 3: 45

FEC FORM 1			ATEME RGANIZ		_		Office Use Only
1. NAME OF COMMITTEE (in	full)		neck if name changed)		nple:If typing, type the lines.	12FE4N	15
New Hous	e Inde	pende	nt Expe	nditu	re Commi	ittee	
			<del></del>	111			
ADDRESS (number and street)			4th Stre	eet, N	W	لللللللل	ليبيبين
	(Check if address is changed)		800 ington			DC	20005
				CITY		STATE	ZIP CODE
COMMITTEE'S E-MA  (Check if is change)  COMMITTEE'S WEB	address d) PAGE ADI	PLGr	oup@p		scoie.com	<b>1</b>	
(Check if is change)  2. DATE		° ′ 20°	10	_1_1_1_			
3. FEC IDENTIFIC	CATION NU	JMBER	C	na naka <del>n</del> gi	ering opening Opening of the		
4. IS THIS STATE	MENT X	NEW (N	i) OR		AMENDED (A	\)	
I certify that I have a		.lim (	and to the be		nowledge and beli	ief it is true, corn	ect and complete.
Signature of Treasure	-V	si d	fun			Date (	7912016
NOTE: Submission of					ect the person sign		to the penalties of 2 U.S.C. §437g.
Office Use					For further informati Federal Election Com Toll Free 800-424-953	mission	FEC FORM 1 (Revised 02/2009)

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FE	C For	m 1 (Revised 02/2009) Page 2
TYPE (	OF CO	DMMITTEE
Çandi	idate	Committee:
(a)		This committee is a principal campaign committee. (Complete the candidate Information below.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
Name o Candida		
Candida Party Af		n Office State Sought: House Senate President District
(c) [		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name o Candida		
Party	Com	mittee:
(d)		This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.
Politic	al Ac	tion Committee (PAC):
(e)	П	This committee is a separate segregated fund. (identify connected organization on line 6.) Its connected organization is a:
•		Corporation Corporation w/o Capital Stock Labor Organization
		Membership Organization Trade Association Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.
(f)	$\boxtimes$	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
		In addition, this committee is a Lobbyist/Registrant PAC.
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Joint F	undr	raising Representative:
g) [		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
n) [		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
(	Comn	nittees Participating in Joint Fundraiser
1	1.	FEC ID number C
	2.	FEC ID number C
	3.	
	4.	

FEC Form 1 (Revised (	02/2009)	Page 3
Write or Type Committee Name		
New House Inde	pendent Expenditure Committee	
6. Nante of Any Connected C	organization, Affiliated Committee, Joint Fundralsing Representative, or Lea	adership PAC Sponsor
	·	
	<u> </u>	
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
<ol> <li>Custodian of Records: Identification books and records.</li> </ol>	tify by name, address (phone number optional) and position of the person i	in possession of committee
Full Name Jim Go	onzalez	
Mailing Address	607 14th Street, NW	
	Suite 800	1 1 1 1 1 1 1
	Washington DC 20	0005
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	
8. Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and the ssistant treasurer).	ne name and address of
Full Name Jim G	onzalez	
Mailing Address	607 14th Street, NW	
	Suite 800	
·		0005
Title or Position Treasurer	CITY STATE  Telephone number 11	ZIP CODE

FEC Form 1 (R	levised 02/2009)		Page 4
Full Name of Designated Agent			411111111
Malling Address			<del></del>
	CITY	STATE	ZIP CODE
Title or Position			
	Telephone r	number	<u> </u>
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safety deposit boxes or Name of Bank, Deposit	r maintains funds. tory, etc.	mittee deposits	funds, holds accounts, rents
safety deposit boxes or Name of Bank, Deposit	maintains funds. tory, etc.  Bank  [605 14th Street, N.W.	mittee deposits	
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No Postmark	
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Next Busi	ness Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	of Receipt or Postmarked
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